

JHH FACS TRAINING Tester: _____ Service: _____ Pt. Name: _____ Hx.#/Pat. Com.#: _____

SCORE SHEET

(*copy as needed)

Pt. Dx.: _____ Eval. Date: _____ D/C Date: _____ Total# Rx.s: _____ D/C=d to: _____

Transfers Assistance	Assistive Device	Locomotion Assistance ----- Amb=() Wc=()	Assistive Device	Distance	Stairs Assistance	Assistive Device	Distance
7		7			7		
6		6			6		
5		5			5		
4		4			4		
3		3			3		
2		2			2		
1		1			1		
0	0	0	0	0	0	0	0
circle one above	A = walker B = crutches C = cane D = none/other	circle one above	A = walker B = crutches C = cane D = none/other	A = 5 - 24' B = 25 - 49' C = 50 - 149' D = 150'+	circle one above	A = crutches B = handrail C = cane D = none/other	A = 6-7 stairs D = 12 -14 stairs +

Please circle assistance level for each activity, then enter assistive device and distance codes in appropriate columns. Please also check (Amb)ulation and/or (W)heel(c)hair under locomotion. This training sheet is designed to put both IE and DC scores on the same sheet; therefore, please write next to your scores "IE" or "DC." Refer to Instruction Sheet and Activity Guide sheets for further information. Copy this training sheet as needed.